

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-315)**

SERIAL NO. 08/702605 FILING DATE _____
APPLICANT(S) _____

CLAIMS

1	AS FILED		1st AMENDMENT	AFTER 2nd AMENDMENT		1			1			1		
	IND.	DEP.		IND.	DEP.		IND.	DEP.		IND.	DEP.		IND.	DEP.
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TOTAL IND.														
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TOTAL CLAIMS														

TOTAL IND. 2
TOTAL DEP. 52
TOTAL CLAIMS 54

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